

# Bennington District Office

## 2014 Behavioral Risk Factor Surveillance System Data

*Guidance • Support • Prevention • Protection*

VDH – Public Health Statistics  
May 2016

 **VERMONT**  
**DEPARTMENT OF HEALTH**

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## What is the Behavioral Risk Factor Surveillance System or BRFSS?

The Behavioral Risk Factor Surveillance System (BRFSS) is a telephone survey conducted annually among adults 18 and older. The Vermont BRFSS is conducted by the Vermont Department of Health (VDH) in collaboration with the Centers for Disease Control and Prevention (CDC). All U.S. states, Washington D.C. and several U.S. territories participate in the survey.

Typically between 6,000 and 7,000 Vermont adults are interviewed as part of the Vermont BRFSS each year. Vermont residents ages 18 and older are eligible for the survey. A Vermont resident is defined as someone living in the state for at least 30 days in a given calendar year. Adults living in institutions such as nursing homes, group homes, or prisons are not eligible for the survey.

The BRFSS survey includes questions on chronic disease prevalence (e.g. asthma diagnosis), risk behaviors (e.g. currently smoke), demographics (e.g. age, gender, race), health care access (e.g. have health insurance), and preventive behaviors and health screening (e.g. routine visits to a doctor or colorectal cancer screening).

Additional information can be found on the VDH and CDC websites:

- <http://healthvermont.gov/research/brfss.aspx>
- <http://www.cdc.gov/brfss/>

A report summarizing the 2014 statewide results from the Vermont BRFSS can also be found on the VDH website:

[http://healthvermont.gov/research/brfss/documents/summary\\_brfss\\_2014.pdf](http://healthvermont.gov/research/brfss/documents/summary_brfss_2014.pdf)

### Recent Changes to BRFSS Methodology

In 2011, the CDC implemented changes to the BRFSS weighting methodology in order to more accurately represent the adult population. Population weights are now calculated using iterative proportional fitting (or “raking”) methodology. This allows the weights to be calculated using smaller sample sizes, adjusts for more demographic variables, and incorporates cell phone interview data into estimates.

While these adjustments make the calculations more representative of the population, the changes in methodology also limit the ability to compare 2011 results to previous years. VDH’s Center for Health Statistics recommends that comparisons between 2011 BRFSS data and earlier years be made with caution. Statistical differences between 2011 and earlier years may be due to methodological changes, rather than changes in opinion or behavior.

## Demographics of Bennington District Office\*

The next few pages describe the demographic makeup of Bennington area adults in 2013-2014.

Less than half of Bennington adults are male. Six in ten adult Bennington residents are 25-64, with a quarter ages 65 and older.

- Bennington residents are more likely than Vermont adults overall to be 65 and older (26% vs. 21).

Four in ten Bennington area adults have a high school degree or less.

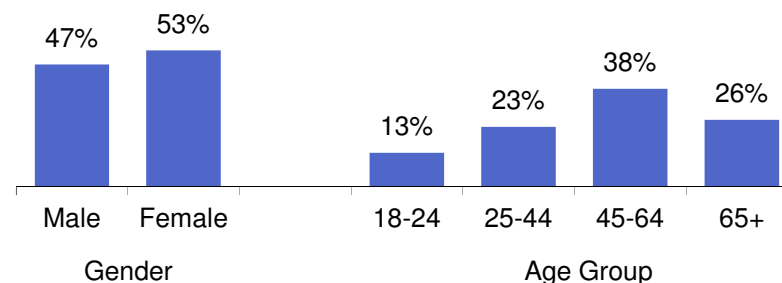
- Bennington area adults are significantly less likely to have a college degree or higher compared to the overall state population (27% vs. 32.%).

About four in ten Bennington adults lives in a home making \$50,000 or more annually, a significantly lower rate than that among Vermont adults overall (39% vs. 48%).

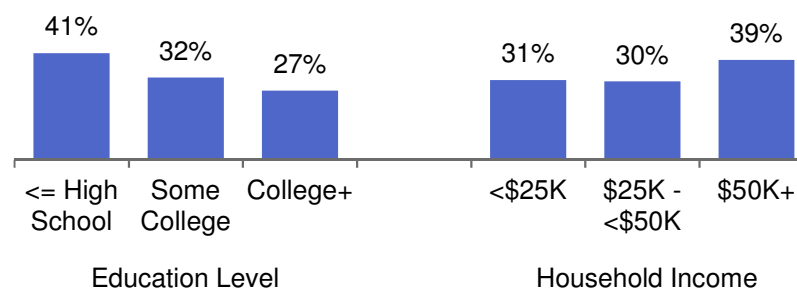
- Bennington adults are also significantly more likely than Vermont adults overall to live in homes making less than \$25,000 per year (31% vs. 25%).

Six percent of adults in the Bennington area report being a racial or ethnic minority. This is the same as that reported among Vermont adults overall.

**Bennington Residents  
by Gender and Age**



**Bennington Residents  
by Education & Income Level**



\*See page 31 for a list of the towns included in the Bennington Health District.

## Demographics of Bennington District Office

Almost six in ten Bennington adult residents are currently employed, while two in ten are retired. Less than one in ten each said they are unable to work, a student or homemaker, or unemployed.

- Bennington adults are significantly more likely than Vermont adults to be retired (21% vs. 18%) and unemployed (9% vs. 5%).
- Adults in the Bennington are less likely to be a student or homemaker, compared to VT adults (5% vs. 9%).

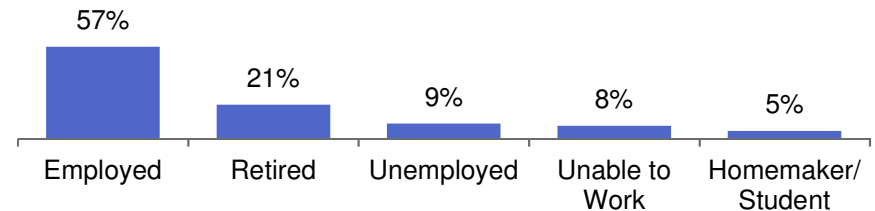
More than half of Bennington adults are married. One in five have never married, while thirteen percent are divorced. Eight percent or fewer are each widowed or part of an unmarried couple.

- Bennington area adults are significantly more likely to be widowed, compared with Vermont (8% vs. 6%).

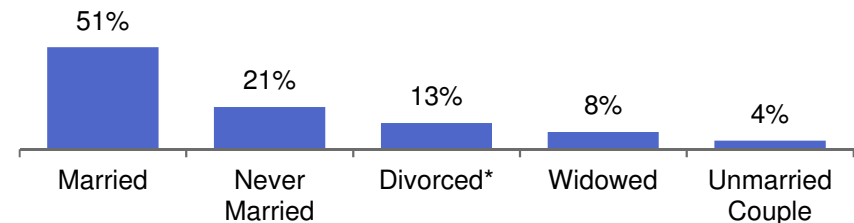
Seven in ten Bennington adults said there are no children under the age of 18 in their home. Four percent reported having three or more children.

- The number of children in the home reported by Bennington area adults was similar to that for Vermont overall.

**Bennington Residents  
by Employment Status**

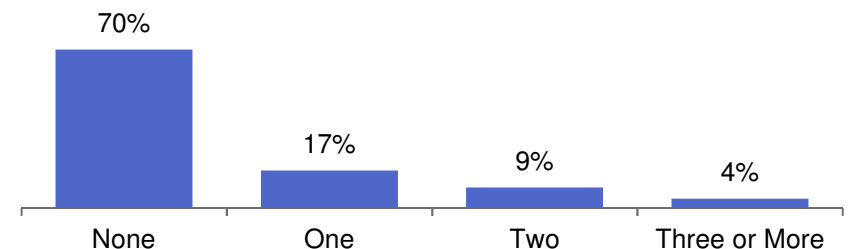


**Bennington Residents  
by Marital Status**



\*Includes those who reported their marital status as divorced or separated.

**Bennington Residents  
by Children in Household**



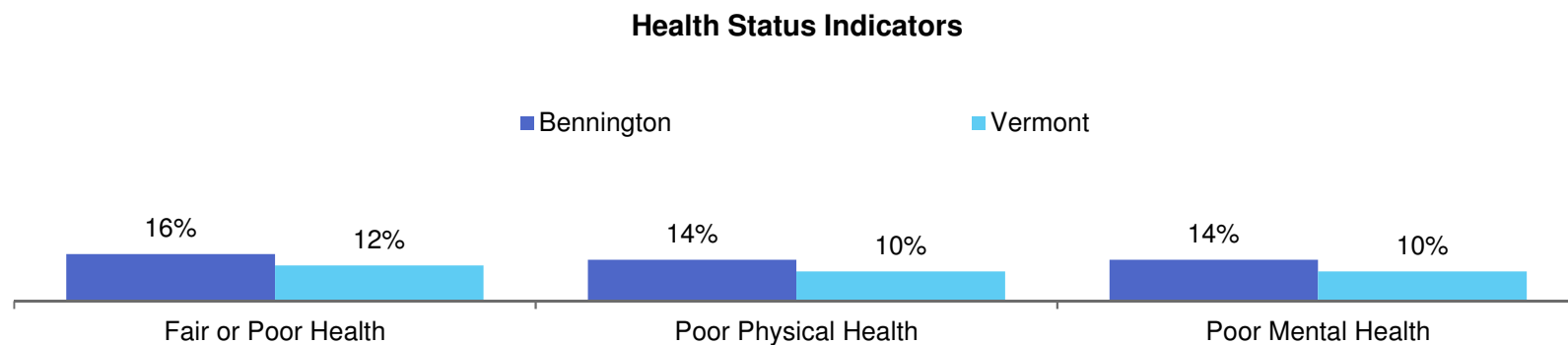
## Health Status Indicators

In 2013-2014, one in six Bennington area adults reported fair or poor general health. Fewer, about one in seven reported having poor physical health, and poor mental health.

- Poor physical and mental health were defined as 14 or more days of poor mental/physical health in the last month.

Bennington area adults are significantly more likely than Vermont adults to report being in poor mental health (14% vs. 10%).

Among adults in the Bennington area, health status indicators have not changed significantly since 2011. See Appendix A for results over time.



## Health Status Indicators

Rates of fair or poor general health, poor physical health and poor mental health do not differ significantly by gender, among Bennington area adults.

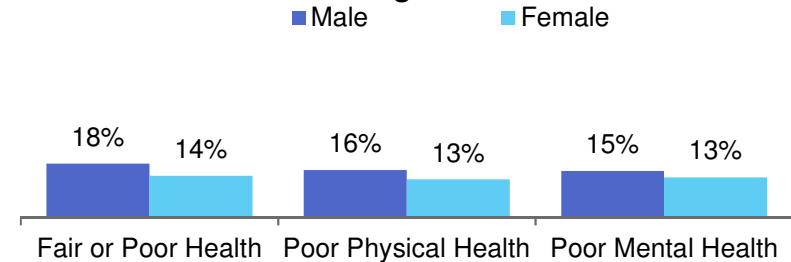
Poor mental health decreases as age increases.

- Adults 65 and older are significantly less likely to have poor mental health compared to adults 18-64.
- Fair or Poor general health and poor physical health do not differ significantly by age.

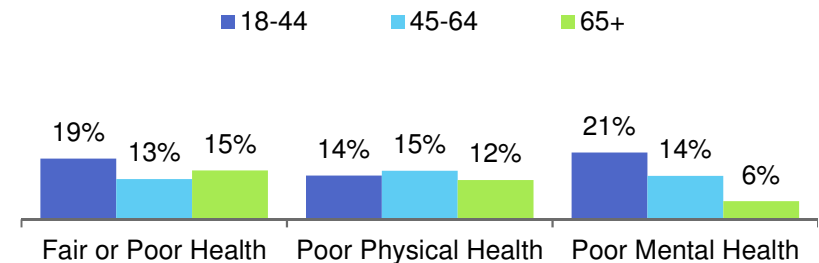
Among Bennington adults, regardless of the measure, poor health is highest among those adults with the lowest annual household incomes.

- Adults in homes making less than \$25,000 per year are significantly more likely than those in homes with more income to report fair or poor general health and poor physical health.
- All differences in poor mental health by annual household income were statistically significant.

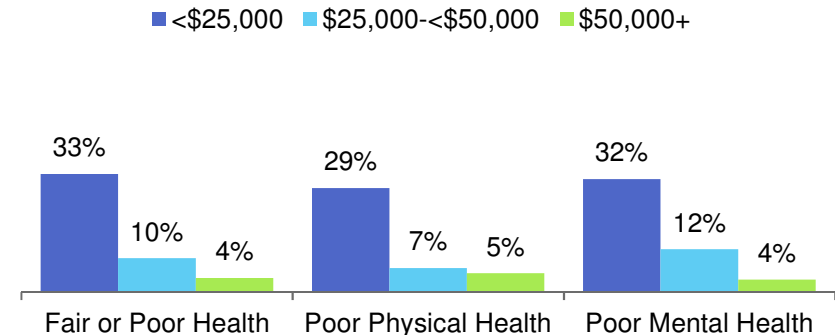
**Health Status Indicators by Gender  
Bennington Adults**



**Health Status Indicators by Age**



**Health Status Indicators by Income Level**

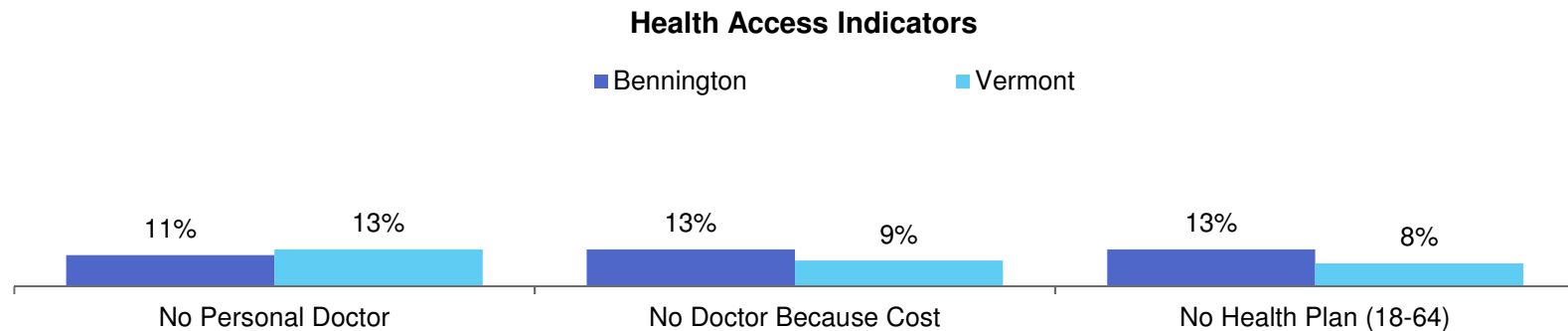


## Health Access Indicators

In 2013-2014, one in nine adults in the Bennington area said they do not have a personal doctor for health care, while about one in eight said they needed care in the last year but did not seek it due to the cost. Among Bennington area adults ages 18-64, thirteen percent said they do not have health insurance.

There are no statistical differences in any health access measures, as compared with Vermonters overall.

Additionally, among Bennington area adults, health access indicators have not changed significantly since 2011. See Appendix A for results over time.



## Health Access Indicators

There are no statistically significant differences by gender in not having a personal doctor, delaying care because of cost, or not having a health plan, among Bennington area adults.

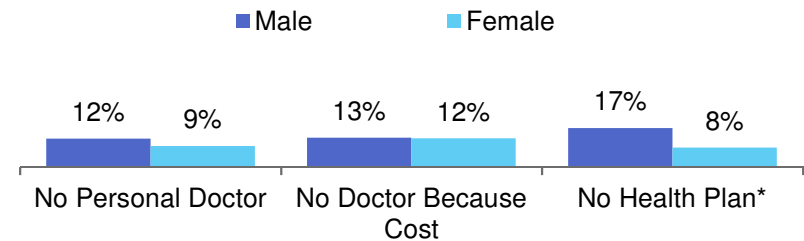
Poor health care access decreases with increasing age.

- Bennington adults 18-44 are significantly more likely than those 45 and older to not have a personal doctor.
- All differences by age are statistically significant for delaying care due to cost.

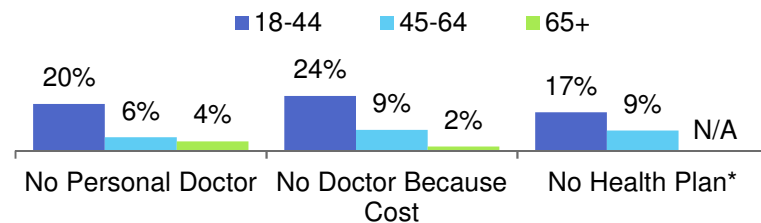
Adults in the Bennington area who have higher annual household incomes are less likely to report poor health care access, regardless of the measure.

- Adults in homes making less than \$25,000 annually are more likely to delay seeking care because of cost compared to households making at least \$50,000 per year.
- Bennington adults in homes \$50,000 per year are significantly less likely than those with less income to not have health insurance.
- There are no statistically significant differences by income level for not having a personal doctor.

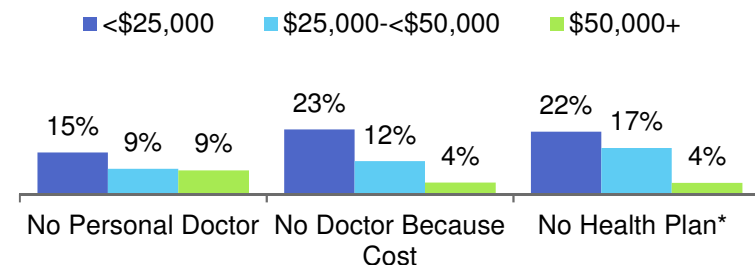
**Health Access Indicators by Gender  
Bennington Adults**



**Health Access Indicators by Age**



**Health Access Indicators by Income Level**



\*Limited to adults 18-64.

## Disability

Less than a quarter of Vermont adults reported having a disability (24%) in 2014. This is statistically similar to the 28% reported among adults in the Bennington area.

- Disability was defined as having activity limitations due to physical, emotional or mental problems OR any health problem that requires use of special equipment.

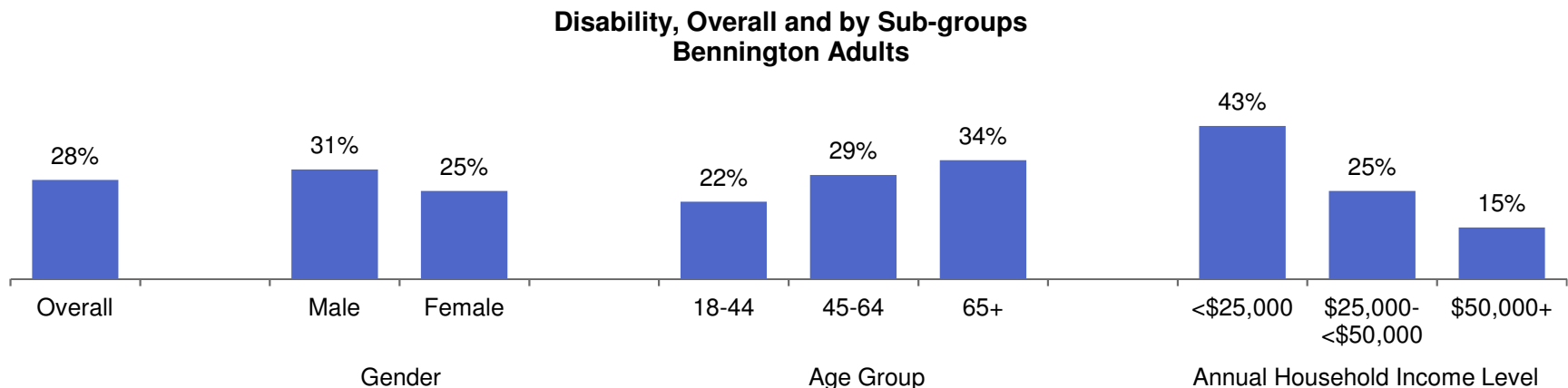
Men and women in the Bennington area report being disabled at statistically similar rates.

Reported disability among Bennington adults increases with increasing age, however, none of the differences are statistically significant.

Bennington area adults with lower annual household incomes are more likely to be disabled.

- Adults in homes making less than \$25,000 per year are significantly more likely to report being disabled, compared with those in homes with more income.

Reported disability among Bennington area adults has not significantly changes since 2011. See Appendix A for results over time.



## Chronic Conditions

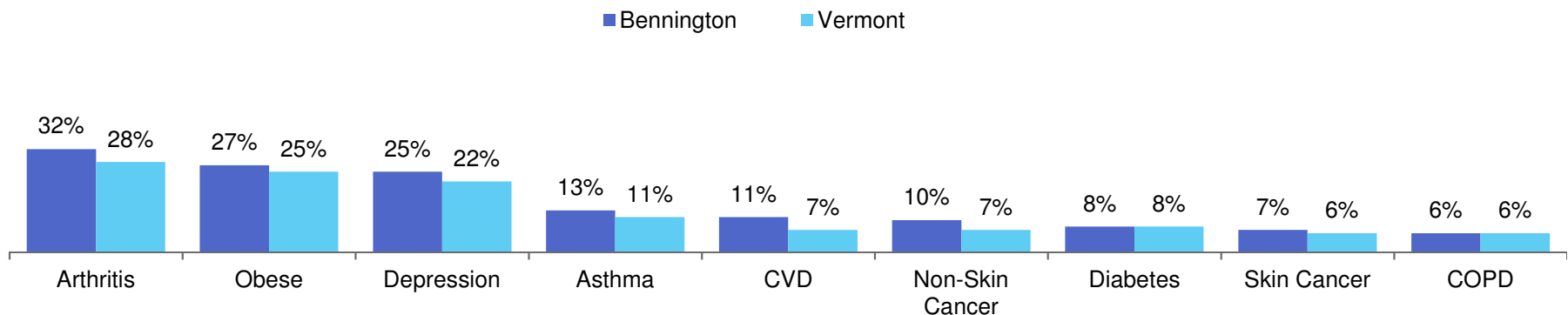
Bennington area adults reported statistically higher rates of cardiovascular disease and non-skin cancer compared with Vermont adults.

- Eleven percent of adults in the Bennington area reported having ever been diagnosed with a cardiovascular disease, while seven percent of Vermont adults reported the same.
- One in ten (10%) Bennington area adults said they have ever been diagnosed with non-skin cancer, compared with one in fourteen (7%) Vermont adults.

Adults in the Bennington area reported similar rates of the following chronic conditions, as compared with Vermont adults overall: arthritis, depressive disorders, obesity, asthma, diabetes, skin cancer, and chronic obstructive pulmonary disease (COPD).

Additionally, the prevalence of all reported chronic conditions have not changed significantly since 2011. See Appendix A for trend results.

**Prevalence of Selected Chronic Conditions**



CVD = cardiovascular disease

Obesity data is limited to adults 20 and older and is age-adjusted to the U.S. 2000 population.

## Chronic Conditions

The prevalence of arthritis, depressive disorders, obesity and asthma do not differ significantly by gender, among Bennington residents.

Arthritis prevalence among Bennington area adults increases with increasing age.

- All differences by age are statistically significant.

The proportion of adults with depression decreases with increasing age.

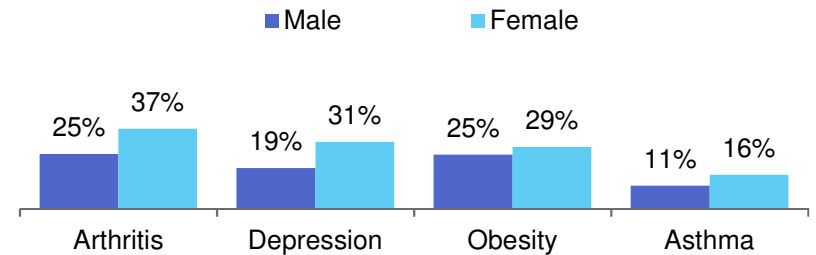
- Adults 18-44 are significantly more likely to report having being diagnosed with a depressive disorder than those 65 and older (32% vs. 16%).

There are no significant differences in asthma or obesity by age.

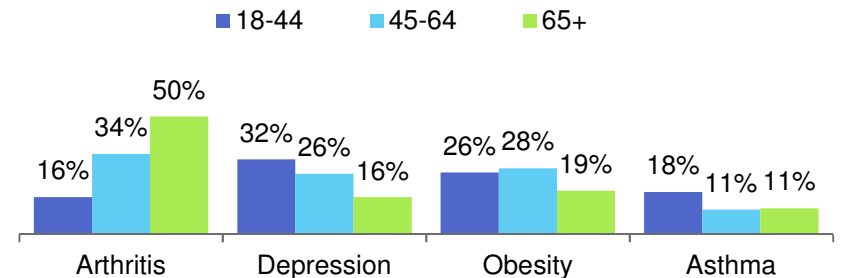
Bennington adults in homes with the lowest incomes are more likely to report depression compared to those in homes with more income.

- Adults with household incomes of less than \$25,000 per year are significantly more likely than those with more income to report depression.
- There are no statistically significant differences in arthritis, obesity, and asthma prevalence by annual household income level.

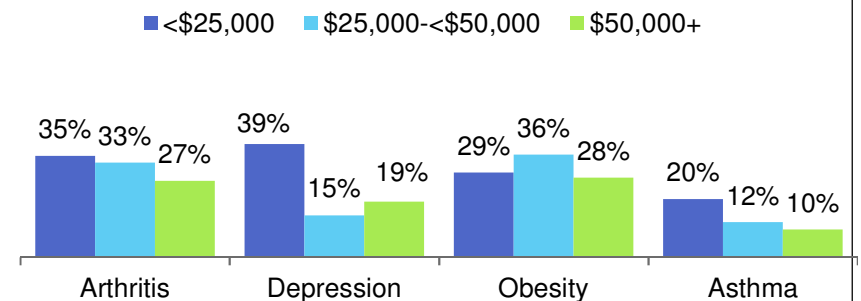
**Chronic Conditions by Gender  
Bennington Adults**



**Chronic Conditions by Age**



**Chronic Conditions by Income Level**



Note: Obesity data are for adults 20 and older and, except that by age, are age adjusted to U.S. 2000 standard population.

## Chronic Conditions

There are no statistically significant differences by gender for the prevalence of cardiovascular disease, diabetes, or COPD.

Reported cardiovascular disease rates among Bennington area adults are highest among older adults.

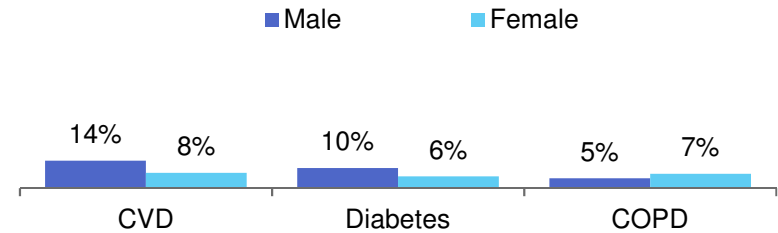
- Bennington adults 65 and older are significantly more likely to report cardiovascular disease than those 45-64.

There are no statistical differences in diabetes or COPD prevalence by age among Bennington area adults.

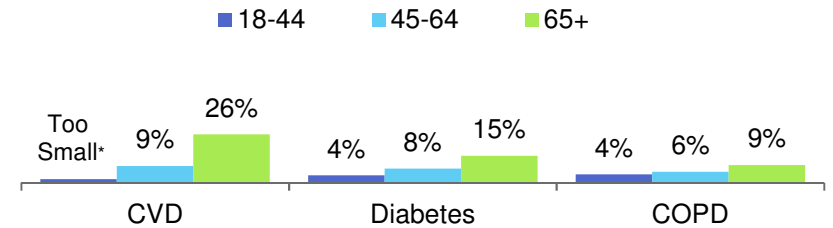
Bennington area adults living in homes with less income are more likely to say they have COPD, cardiovascular disease, or diabetes.

- Those in homes making less than \$25,000 per year are significantly more likely than those in homes making at least \$50,000 to report having cardiovascular disease.
- Adults in homes making less than \$25,000 annually are significantly more likely than those in homes making \$25,000-\$49,999 to have COPD.
- Bennington area adults in homes with incomes of less than \$50,000 are significantly more likely than those with more income to have diabetes.

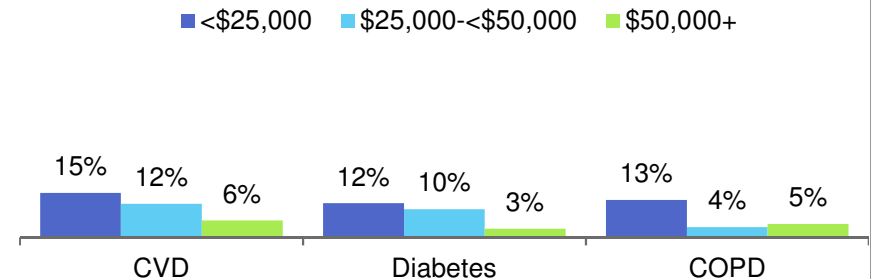
**Chronic Conditions by Gender  
Bennington Adults**



**Chronic Conditions by Age**



**Chronic Conditions by Income Level**



\*Sample size is too small to report

## Chronic Conditions

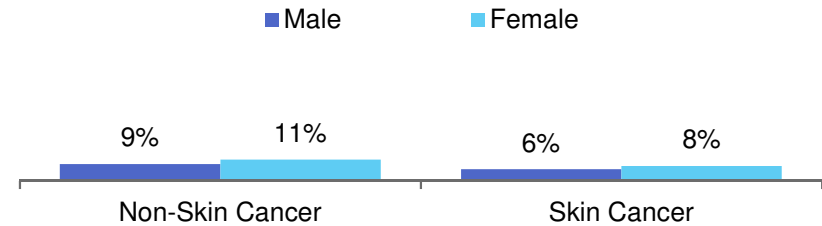
There are no statistical differences in the prevalence of non-skin cancer or skin cancer by gender, among Bennington adults.

In adults from the Bennington area, the prevalence of both skin and non-skin cancers increases with increasing age.

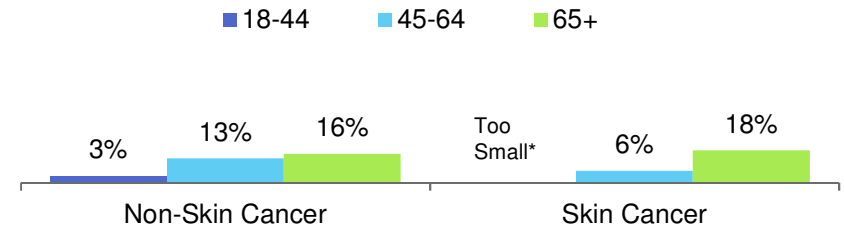
- The prevalence of non-skin cancers is statistically higher among adults 45 and older compared to younger adults.
- Adults 65 and older are more likely than those 45-64 to report having skin cancer.

There are no statistical differences in the prevalence of non-skin cancer or skin cancer by annual household income level, among Bennington adults.

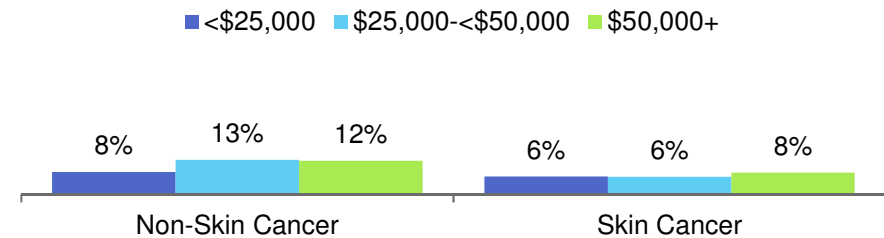
**Chronic Conditions by Gender  
Bennington Adults**



**Chronic Conditions by Age**



**Chronic Conditions by Income Level**



\*Sample size is too small to report

## Risk Behaviors

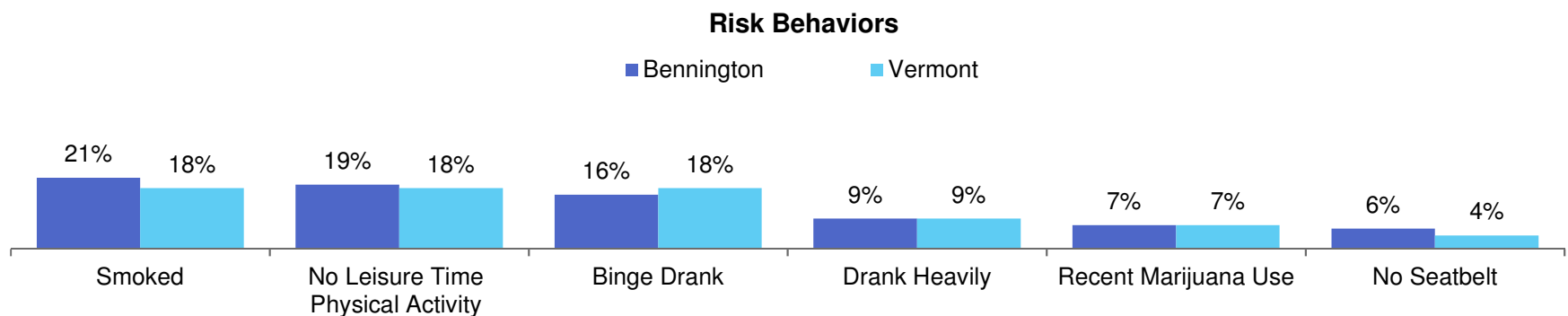
In 2013-2014, about one in five (21%) Bennington adults reported currently smoking. This is statistically similar to the 18% reported among Vermont adults overall.

- Of smokers, 65% said they tried to quit smoking at least once during the previous year. This is similar to the 59% reported among Vermont smokers.

Bennington area and Vermont adults also reported similar rates of binge drinking, no leisure time physical activity, recent marijuana use, heavy drinking, and seldom or never wearing a seatbelt.

- Binge drinking was defined as five or more drinks in one sitting for men and four or more drinks for women.
- Heavy drinking was defined as more than two drinks per day for men and more than one for women.

The prevalence of non-use (never to seldom) of seatbelts among Bennington adults significantly increased from 3% (2011-2012) to 6% (2013-2014). Prevalence of other risk behaviors have not changed significantly since 2011. See Appendix A for trend results.



Note: Smoking and exercise data are age adjusted to the U.S. 2000 standard population

## Risk Behaviors

There are no statistically significant differences in smoking or not participating in leisure time physical activity by gender, among Bennington area adults.

Among adults in the Bennington area, smoking rates decrease with increasing age.

- Adults 18-44 are statistically more likely to smoke, compared with older adults.

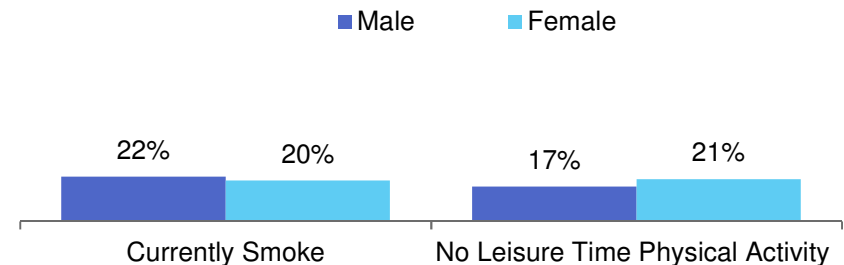
Not participating in physical activity is highest among older adults. Adults ages 45 and older are significantly more likely to not participate in physical activity compared to younger adults.

Bennington area adults in homes with more income are less likely to smoke.

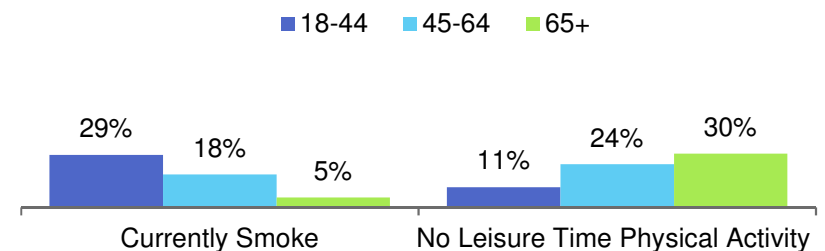
- Adults in homes making \$50,000 or more are significantly less likely to smoke than those in homes with less income.

There are no statistical differences in physical activity participation by annual household income level.

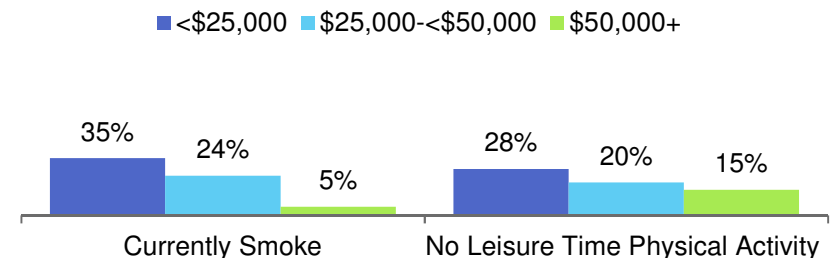
**Risk Behaviors by Gender  
Bennington Adults**



**Risk Behaviors by Age**



**Risk Behaviors by Income Level**



Note: Smoking and physical activity data, except that by age, are age-adjusted to the U.S. 2000 population.

## Risk Behaviors

Bennington area males are statistically more likely to binge drink compared to area females (24% vs 9%).

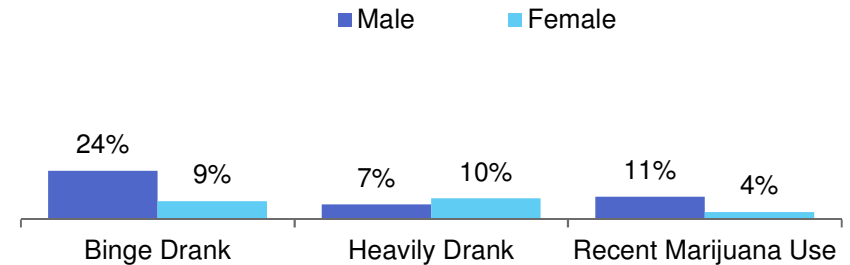
- There are no statistical differences in heavy drinking or marijuana use by gender, among Bennington adults.

Binge drinking and marijuana use decrease with increasing age.

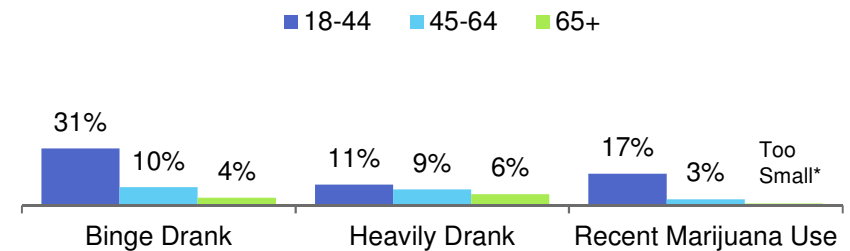
- Adults 18-44 are significantly more likely to report binge drinking compared to older adults.
- Likewise, adults 18-44 are also significantly more likely than those 45-64 to report recent marijuana use.
- Heavy drinking does not differ significantly by age.

There were no statistical differences in binge drinking, heavy drinking or recent marijuana use by annual household income level.

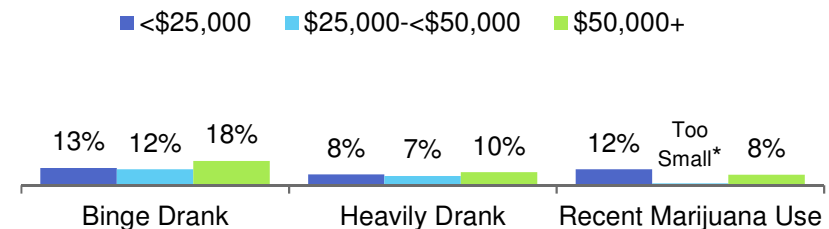
**Risk Behaviors by Gender  
Bennington Adults**



**Risk Behaviors by Age**



**Risk Behaviors by Income Level**



\*Sample size is too small to report

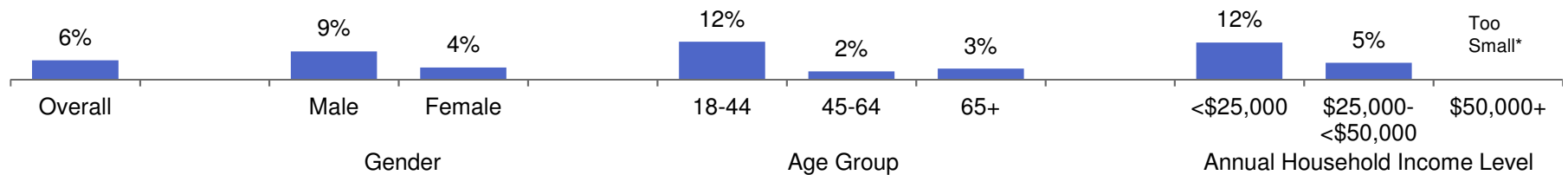
## Risk Behaviors

Overall six percent of adults in the Bennington area said they seldom or never wear a seatbelt when riding or driving in a car. This is statistically similar to the four percent of Vermont adults who reported the same.

Bennington area men reported never or seldom wearing seatbelts at a higher rate than women (9% vs 4%), however this difference is not statistically significant.

Adult non-use of seatbelts in the Bennington area also does not differ by age or annual household income level.

**Seldom or Never Wear Seatbelt, Overall and by Sub-groups  
Bennington Adults**

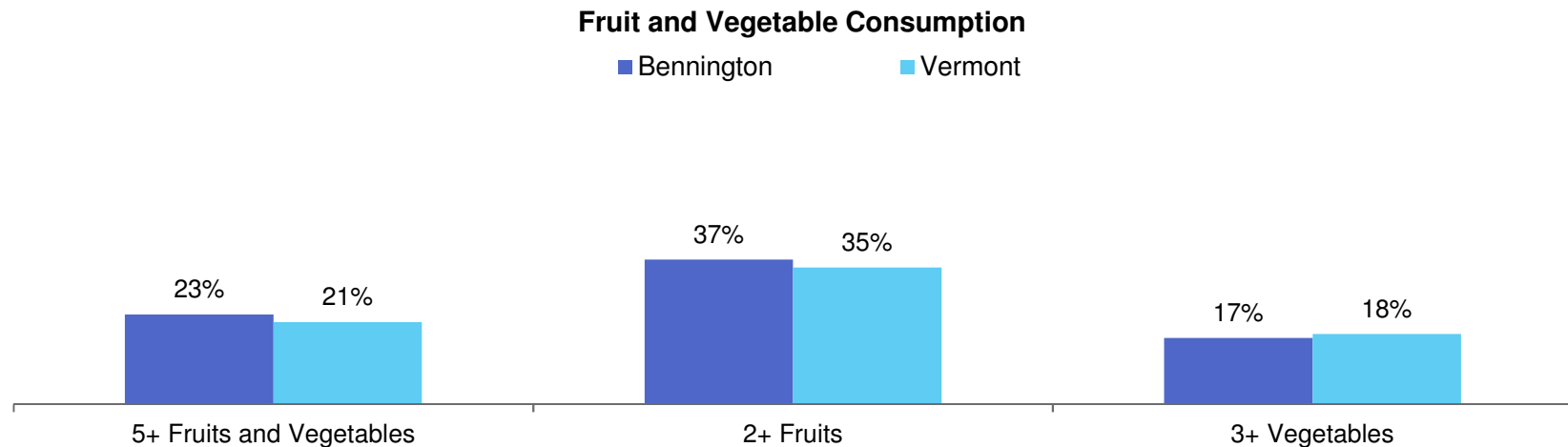


## Preventive Behaviors

In 2011-2013, about a quarter (23%) of Bennington area adults reported eating fruits and vegetables five or more times per day. Nearly four in ten (37%) ate two or more fruits and 17% reported eating three or more vegetables.

Bennington area adult consumption of fruits and vegetables was statistically similar to that among Vermont adults.

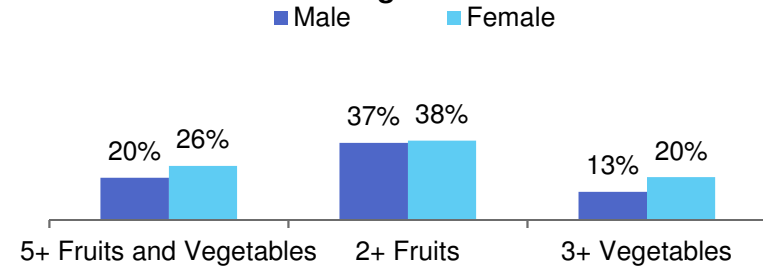
Fruit and vegetable consumption was asked only in 2011 and 2013. District Office level analyses require the combination of two years of data. As a result, changes over time could not be completed for this report.



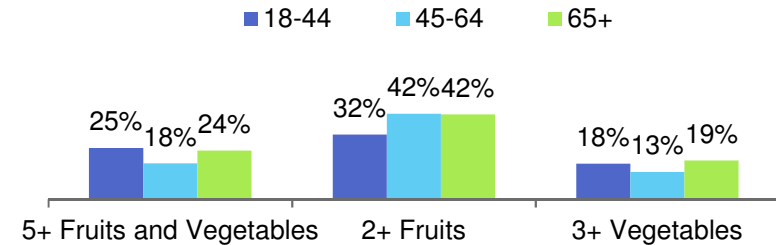
## Preventive Behaviors

There are no statistical differences in the consumption of fruits and vegetables by gender, age, or annual household income level, among Bennington area adults.

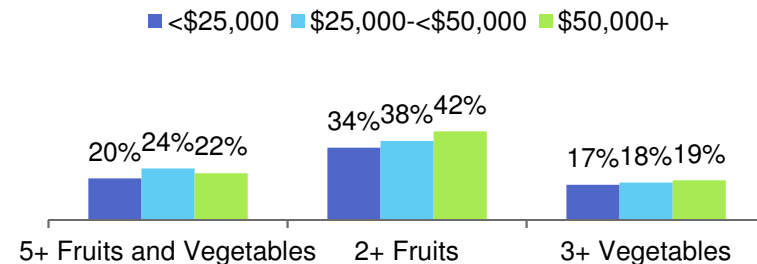
**Preventive Behaviors by Gender  
Bennington Adults**



**Preventive Behaviors by Age**



**Preventive Behaviors by Income Level**



Note: Fruit and vegetable data, except that by age, are age adjusted to the U.S. 2000 standard population.

## Preventive Behaviors

In 2011-2013, about six in ten (59%) Vermont adults reported meeting physical activity recommendations\*. This is similar to the 54% reported among Bennington area adults.

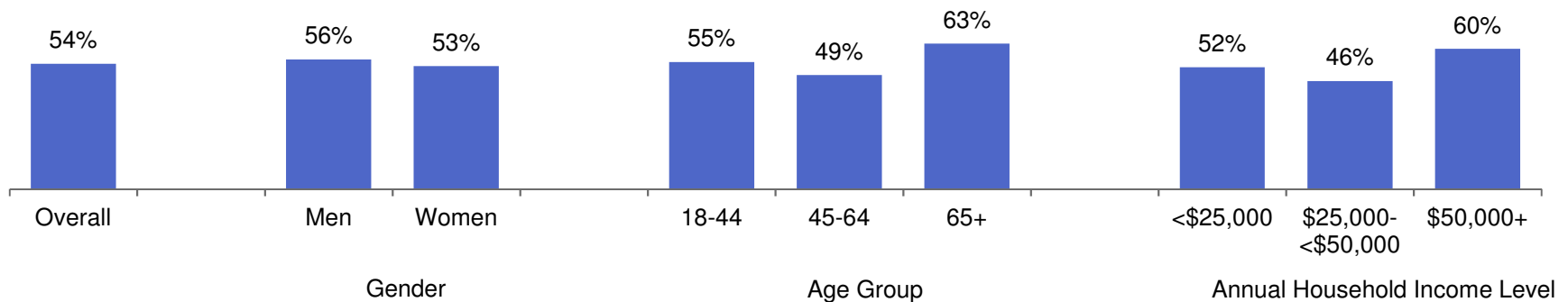
Men and women in the Bennington area reported meeting physical activity recommendations at statistically similar rates, 56% for men and 53% for women.

Among Bennington adults, residents 65 and older are significantly more likely than those 45-64 to report meeting physical activity recommendations (63% vs. 49%).

Meeting physical activity recommendations is highest among those with household incomes of \$50,000 or more per year. However, differences by income level are not statistically different.

Information on recommended physical activity was only asked in 2011-2013. District Office level analyses require the combination of two years of data. As a result, changes over time could not be completed for this report.

**Met Physical Activity Recommendations, Overall and by Sub-groups  
Bennington Adults**



\*For adults, the CDC currently recommends they participate in 150 minutes of moderate physical activity or 75 minutes of vigorous activity per week. Strength building activities are recommended at least two times per week. For more information see:

[www.cdc.gov/physicalactivity/everyone/guidelines/index.html](http://www.cdc.gov/physicalactivity/everyone/guidelines/index.html)

Note: Met physical activity recommendations data, except that by age, are age adjusted to the U.S. 2000 population.

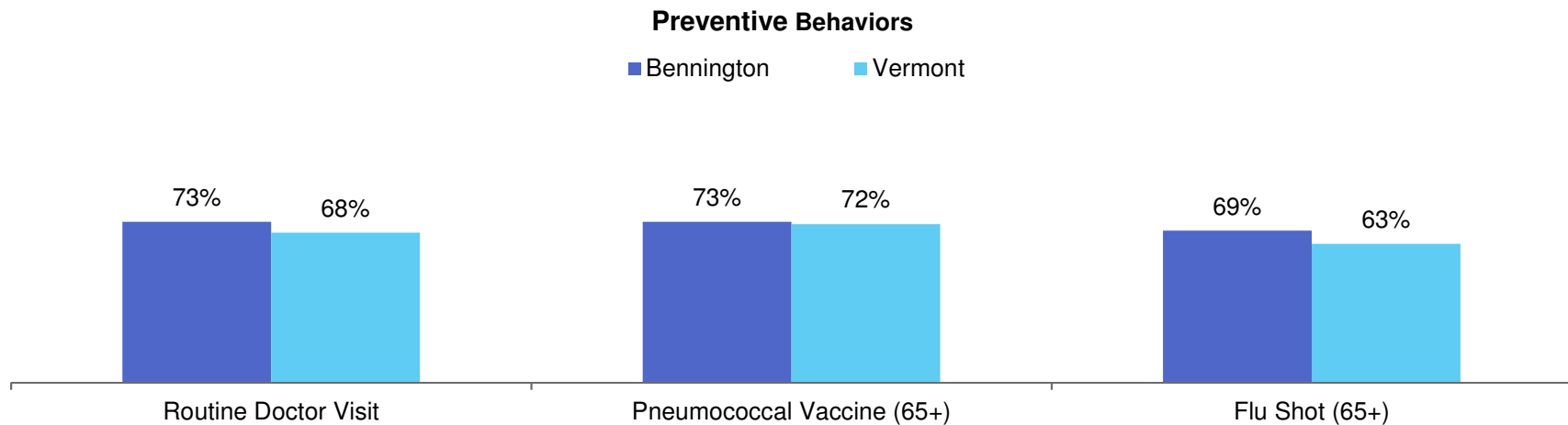
## Preventive Behaviors

Nearly three quarters of adults in the Bennington area said they saw their doctor for a routine visit in the previous year. This is similar to the 68% reported among all Vermont adults.

Roughly three quarters of Bennington area adults ages 65 and older have ever gotten a pneumococcal vaccine. Fewer, 69% reported having a flu shot in the last year.

- Vermont adults, ages 65 and older reported getting pneumococcal and flu shot vaccines at similar rates to Bennington adults, 72% and 63%, respectively.

Routine doctor visits and receipt of vaccinations among Bennington area adults have not changed since 2011. See Appendix A for results over time.



## Preventive Behaviors

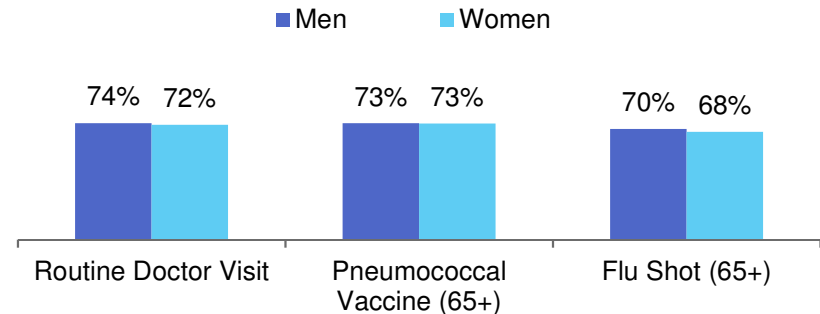
There are no differences, among Bennington area adults, in the occurrence of routine doctor visits by gender. The same is true for vaccinations among adults 65 and older.

Among Bennington area adults, annual routine visits to the doctor increase with age.

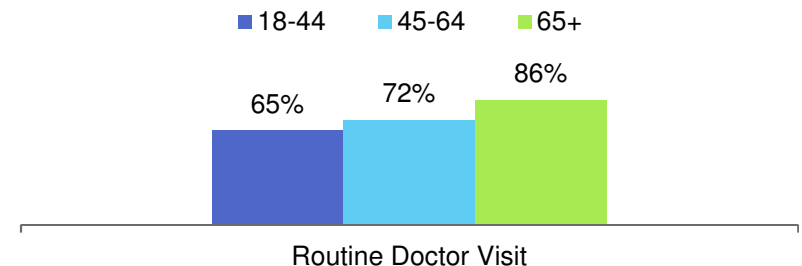
- Adults 65 and older are significantly more likely to have had a routine doctor visit than those in younger age groups.

There are no differences, among Bennington area adults, in the occurrence of routine doctor visits, pneumococcal vaccination, or flu shots by annual household income level.

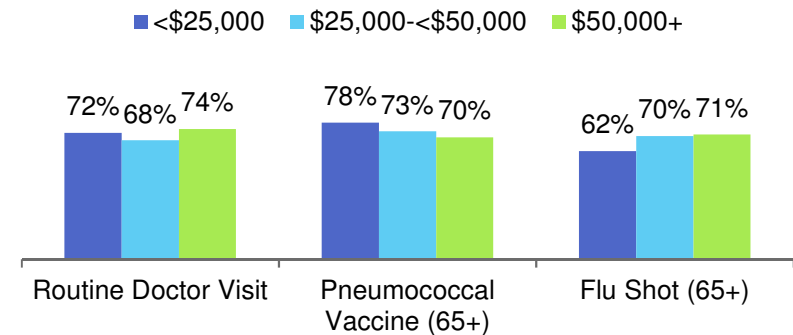
**Preventive Behaviors by Gender  
Bennington Adults**



**Preventive Behaviors by Age**



**Preventive Behaviors by Income Level**

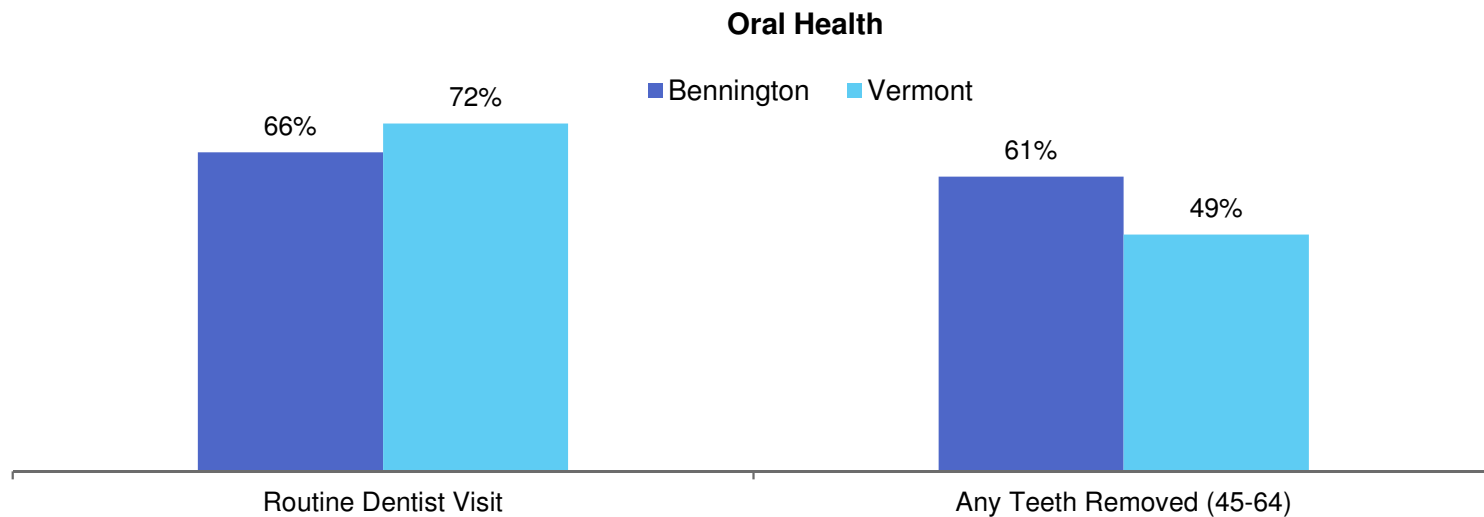


## Oral Health

Two thirds of Bennington area adults visited a dentist in the last year. This is similar to the 72% among Vermont adults overall.

Bennington adults ages 45-64 are significantly more likely than Vermont adults to have had a tooth extracted (61% vs. 49%).

Oral health questions were only asked in 2012 and 2014. District Office level analyses require the combination of two years of data. As a result, changes over time could not be completed for this report.



Note: Routine dental visit data are age adjusted to the U.S. 2000 standard population.

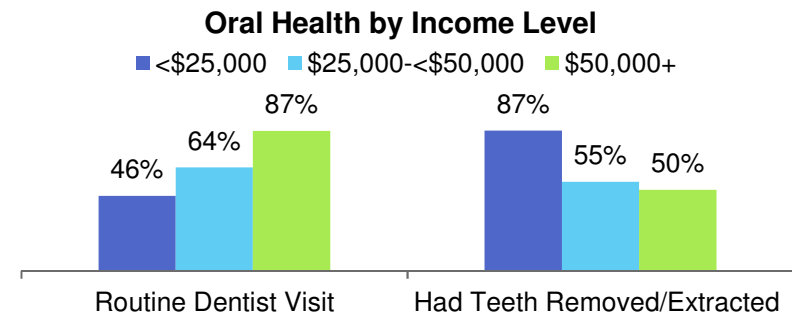
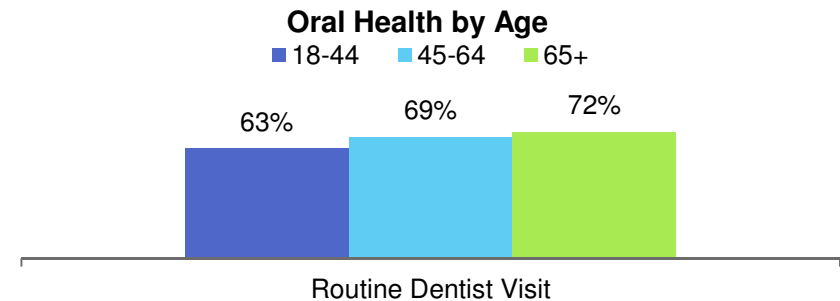
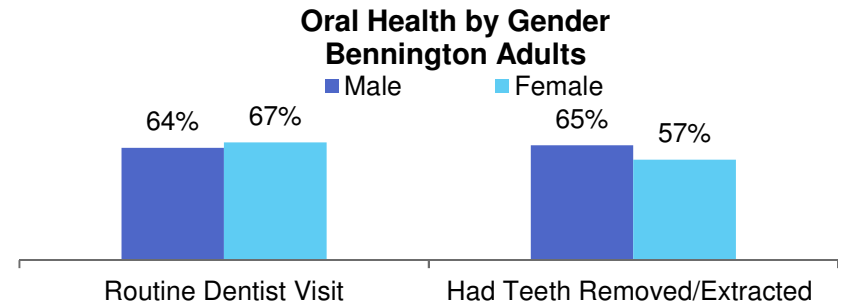
## Oral Health

There are no statistically significant differences by gender in routine dentist visits and tooth removal among Bennington adults.

There are also no statistical differences in routine dental visits by age.

Bennington Area adults living in homes with more income are more likely than those with less income to routinely see their dentist. They are less likely to have had teeth removed as well.

- Adults in homes making \$50,000 or more per year are more likely than those in homes with less income to regularly visit the dentist.
- Those 45-64 in homes with household incomes of at least \$25,000 per year are significantly less likely to have had a tooth extracted, as compared with those with less income.



Note: Routine dental visit data, except that by age, are age adjusted to the U.S. 2000 standard population.

## HIV Screening

In 2013-2014, a third of Bennington area adults had ever been tested for HIV. This is statistically similar to the 31% reported among Vermont adults overall.

Men and women in the Bennington area report HIV testing at similar rates.

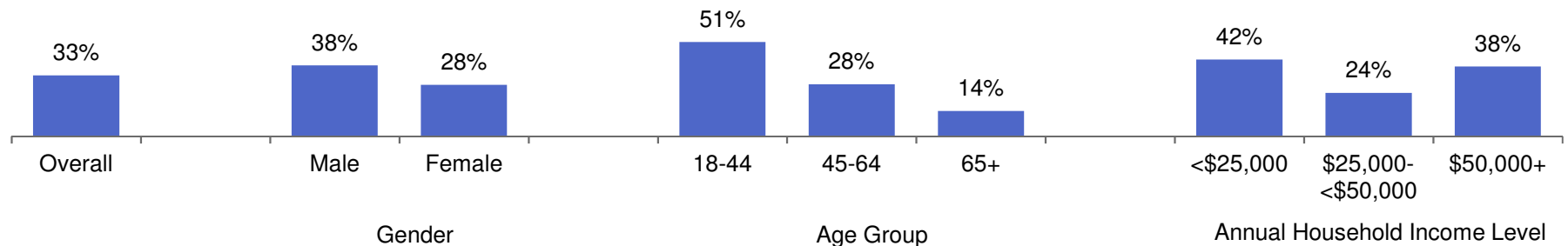
Ever having an HIV test decreases with increasing age. In other words, as adults age they are less likely to have had an HIV test.

- All differences by age are statistically significant.

There are no differences, among adults in the Bennington area, in HIV testing by annual household income level.

HIV testing among Springfield adults has not change significantly since 2011. See Appendix A for results over time.

**Ever Had HIV Test, Overall and by Sub-Groups  
Bennington Adults**



## Cancer Screening

In 2012-2014, eight in ten (79%) women ages 50-74 in the Bennington area reported meeting breast cancer screening recommendations; the same as among Vermont women in this age group.

- The breast cancer screening recommendation is a mammogram every two years.

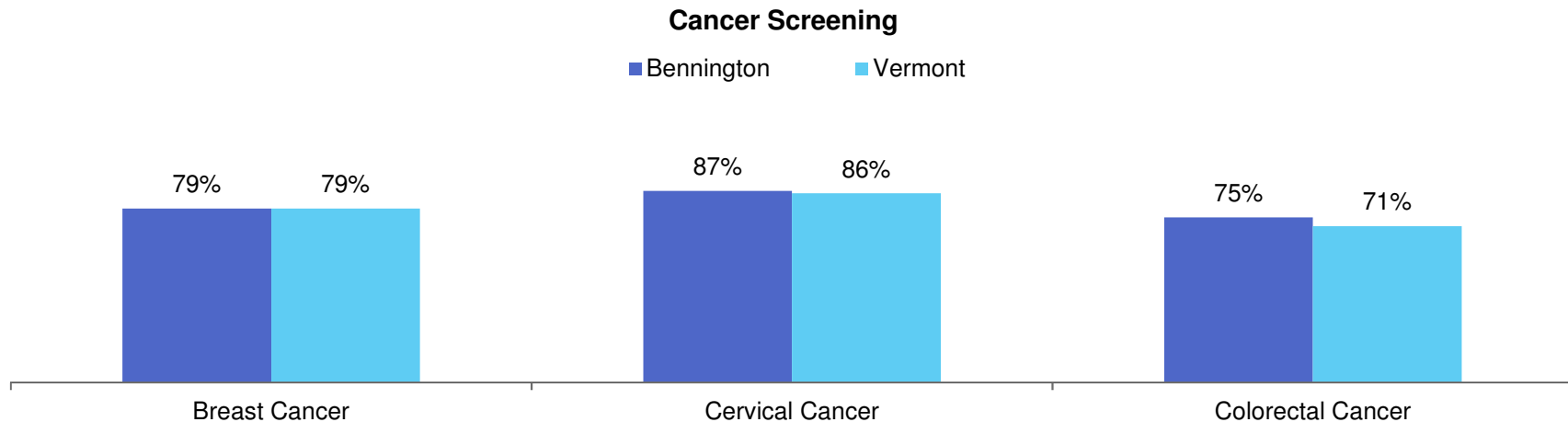
Eighty-Seven percent of women 21-65 who live in the Bennington area met cervical cancer screening recommendations, statistically similar to the 86% among Vermont women of the same age.

- Cervical cancer screening recommendations are for a PAP test every three years, and excludes women who have had a hysterectomy.

Among adults 50 to 75 living in the Bennington area, three-quarters (75%) met colorectal cancer screening recommendations. This also is similar to the rate reported by all Vermonters of the same age (71%).

- Recommendations for screening for colorectal cancer are: a fecal occult blood test (FOBT) annually OR sigmoidoscopy ever five years and FOBT every three years OR colonoscopy ever ten years.

Cancer Screening questions were only asked in 2012 and 2014. District Office level analyses require the combination of two years of data. As a result, changes over time could not be completed for this report.



Note: Cancer screening data are age adjusted to the U.S. 2000 standard population.

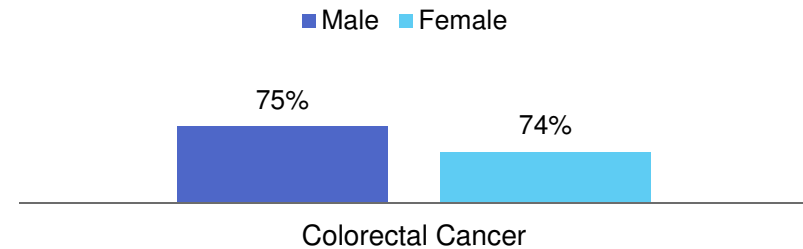
## Cancer Screening

There are no statistically significant differences in colorectal screening by gender among Bennington area adults.

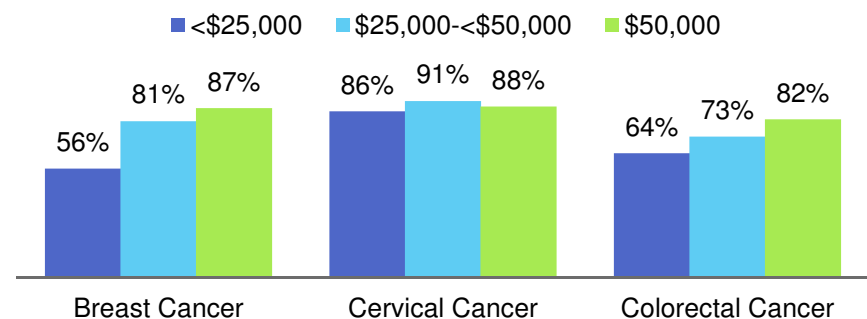
Bennington area adults in homes with more income are more likely to meet cancer screening recommendations.

- Women, 50-74 living in households making \$50,000 or more are significantly more likely to meet breast cancer screening recommendations, compared to those with incomes of less than \$25,000 annually.
- There are no statistical differences in meeting cervical colorectal cancer screening recommendations by annual household income.

**Cancer Screening by Gender  
Bennington Adults**



**Cancer Screening by Income Level**



Note: Cancer screening data are age adjusted to the U.S. 2000 standard population.

## Appendix A: Bennington District Office Trend Results (2011-2014)

<b>Health Status Indicators</b>	<b>2011-2012</b>	<b>2012-2013</b>	<b>2013-2014</b>	<b>Significant Change Since 2011</b>
Fair or Poor General Health	17%	16%	16%	No
Poor Physical Health	12%	13%	14%	No
Poor Mental Health	15%	14%	14%	No
Disabled	29%	29%	28%	No
<b>Health Access Indicators</b>	<b>2011-2012</b>	<b>2012-2013</b>	<b>2013-2014</b>	<b>Significant Change Since 2011</b>
No Personal Doctor	10%	7%	11%	No
No Doctor Because of Cost	13%	12%	13%	No
No Health Plan (ages 18-64)	11%	10%	13%	No
<b>Chronic Conditions</b>	<b>2011-2012</b>	<b>2012-2013</b>	<b>2013-2014</b>	<b>Significant Change Since 2011</b>
Arthritis	31%	32%	32%	No
Depression	27%	25%	25%	No
Obesity	25%	25%	27%	No
Asthma	15%	13%	13%	No
Diabetes	11%	9%	8%	No
Non-Skin Cancer	10%	11%	10%	No
Cardiovascular Disease (CVD)	8%	12%	11%	No
Skin Cancer	7%	6%	7%	No
Chronic Obstructive Pulmonary Disease (COPD)	7%	6%	6%	No

## Appendix A: Bennington District Office Trend Results (2011-2014)

<b>Risk Behaviors</b>	<b>2011-2012</b>	<b>2012-2013</b>	<b>2013-2014</b>	<b>Significant Change Since 2011</b>
Smoking	27%	21%	21%	Yes
Binge Drinking	15%	16%	16%	No
No Exercise	21%	18%	19%	No
Recent Marijuana Use	10%	7%	N/A	No
Heavy Drinking	7%	8%	9%	No
Seldom or Never use Seatbelt	3%	2%	6%	Yes
<b>Preventative Behaviors</b>	<b>2011-2012</b>	<b>2012-2013</b>	<b>2013-2014</b>	<b>Significant Change Since 2011</b>
Routine Doctor Visit, in Last year	70%	71%	73%	No
Pneumococcal Vaccine, Ever, Ages 65+	80%	76%	73%	No
Flu Shot in the Last Year, Ages 65+	70%	68%	69%	No
Ever Tested for HIV	32%	31%	33%	No

## Additional Information

Contact the BRFSS Coordinator for additional information or for BRFSS data

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Additional sub-state level data can be found on the Vermont Department of Health website

<http://healthvermont.gov/hv2020/index.aspx>

The Vermont BRFSS Program would like to acknowledge the work of Joseph Allario, Vermont Department of Health intern, who was responsible for creating these reports.

Towns included in the Bennington Health District are: Arlington, Bennington, Dorset, Glastenbury, Landgrove, Manchester, Peru, Pownal, Readsboro, Rupert, Sandgate, Searsburg, Shaftsbury, Stamford, Sunderland, Winhall, and Woodford.